

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43818

State File No.

FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2464

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town So. Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
224 New York St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 16 Years
years, months or days) 2

3. (a) PRINT FULL NAME Lula Brisco

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 7 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Chesterfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER { 12. Name Chas. Brisco
13. Birthplace Chesterfield, Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Ellen Brisco Bentley
15. Birthplace Marshall, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ellen Brisco
(b) Address 224 New York St.

17. (a) C. Burial (b) Date thereof 12/29/40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesterfield Cem.

18. (a) Signature of funeral director Slater & Koen
(b) Address Kirkwood, Missouri

19. (a) DEC 28 1940 (b) ST. Louis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town So. Kirkwood, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 224 New York St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year _____ hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12/24/40
12/24 — 1940, to 12/26 th 1940
that I last saw him alive on 12/26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
4 days from history
Due to blistered condition

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: influenza
Of operations _____
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. J. Donnelly (M. D. or other) _____
Address 139 E. Park Ave Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fairview

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.